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**WI Child Abuse and Neglect Prevention Board
Triple P Expansion Grant
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**MID-YEAR NARRATIVE REPORT TEMPLATE**

**Due Date: January 31, 2025**

**Instructions**

*Have a copy of your grant agreement on hand to draft your report. The responses to the report sections below should provide a clear overview of the activities completed in the* ***first six months of SFY2025*** (July 1, 2024 – December 31, 2024)*. The completed reports provide insight into how this grant has affected the community you serve and your organization thus far. Submit the completed report through the* [SPARC Performance Report Portal](https://dcfsparc.wisconsin.gov/)*.*

**Reporting Period: July 1, 2024 – December 31, 2024**

**Organization Name:**

**Project Name:**

**Contract #:**

**Contact Person:**

**Contact Email:**

**Total number of counties receiving services:**

**Indicate which services were provided:**

|  |  |
| --- | --- |
| ***Please indicate for your organization*** | ***#***  |
| *Number of staff Trained in Triple P* |   |
| *Number of community partners trained in Triple P* |   |
| *Number of staff trained in Brining the Protective Factors to Life in Your Work* |   |
| *Number of staff trained in the Five for Families curriculum* |   |

**Section 1. Project Description***Provide a brief description of the project/programs your organization is providing with Prevention Board funding. Activities should be consistent with the Scope of Services attached as Exhibit A to the Contract.*

**Section 2: Objectives***For each objective:*

* *Describe activities or progress towards each objective during the reporting period*
* *Describe any barriers/challenges toward reaching objective during the reporting period*
* *If applicable, share what steps were implemented to address barriers/challenges*

***OBJECTIVE:*** ***Implement a minimum of two levels of evidence-based Parent Education Programming. (Please include information describing which levels of Triple P are being implemented, and how many staff trained in each level).****Objective Status:*

[ ]  Not started [ ]  Planning Phase [ ]  Implementation Started [ ] Completed / Established

**Activities:** [*Provide update on number of staff trained in which program*]

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

***OBJECTIVE: Enter a minimum of 75% of families served in WPRS.****Objective Status:*

[ ]  Not started [ ]  Planning Phase [ ]  Implementation Started [ ] Completed / Established

**Activities:** [*Provide updates*]

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

***OBJECTIVE: Support staff development and training as it relates to implementing evidence-based parent education programming.****Objective Status:*

[ ]  Not started [ ]  Planning Phase [ ]  Implementation Started [ ] Completed / Established

**Activities:** [*Provide updates*]

**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

**Section 3a: Program Accomplishments***In this section:*

* *Provide a summary of progress to-date (200-500 words).*
* *What activities did you conduct during the reporting period, including those not anticipated in your original proposal? What activities did you decide not to undertake?*

***Complete the chart below for your TRIPLE P EXPANSION GRANT FUNDS. Add Lines if needed. Please provide a brief explanation of any discrepancies between your agency’s data and data available in DAISEY. If you are providing multiple levels of a program (e.g. Triple P), please enter each level separately on the table below.***

|  |  |  |
| --- | --- | --- |
| **Evidence-informed parent education program** | **Total Number of caregivers served**  | **Total Number of children served (if applicable)** |
|
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Section 3b: Quality Assurance***In this section:*

* *Describe any methods in place to ensure project services are being delivered as intended and with fidelity to evidence based models.*
* *Describe efforts to ensure data tracking and entry is timely and accurate. Include any barriers to data quality assurance. Share how your organization utilizes DAISEY to track client services, program completion, or other data quality strategies (e.g., use of reports and/or exports).*
* *\*\*****If your organization has yet to utilize DAISEY,*** *please describe any alternative tools or systems being used to track client services.*

**Section 4: Collaborations & Partnerships***In this section:*

* *Highlight any new or emerging partners, subgrantees (if applicable), and their role(s)*
* *Describe any efforts to involve parents in the planning and implementation of parent education programs.*

**Section 5: Outreach and Education***In this section:*

* *Describe any strategies used to recruit and engage parents in programming.*
* *If providing services to targeted populations (e.g., fathers, grandparents, incarcerated caregivers, etc.), please include descriptions of efforts to engage these groups.*
* *Please indicate how your organization educates parents, caregivers, and community members on the important role of primary prevention programs, services, and strategies.*

**Section 6: Lessons Learned**

* *During this reporting period, what were some new or surprising insights for:*
	+ *Your organization?*
	+ *Your staff/volunteers?*
	+ *Clients/Service users or project/program partners?*
* *During this reporting period, what were some ideas or practices that were reinforced for you, your staff/volunteers, clients or project/program partners? (Suggested word length: 200-250 words)*

**Section 7: Technical Assistance***Use this section to describe any additional resources or assistance that the Prevention Board could provide. Examples might include suggestions for improving Community of Practice calls, support with WPRS and data entry, or professional development or training needs for your staff and supervisors.*

**Section 8: Prevention Board Annual Meeting**

*Did your agency send at least one representative to the Prevention Board Annual Meeting (September 24-25)?*

[ ] Yes [ ]  No

*Feel free to share any additional feedback in this section.*